

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12661

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. St. Anthony Hospital) St. Ward)

File No.
 Registered No. 3195

2. FULL NAME

Thomas Winston Ferry
 (a) Residence. No. 4324 Beethoven st., 15 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 7 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Solicitor
 (b) General nature of industry, business, or establishment in which employed (or employer) Newspaper
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thomas Ferry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mamie Minahan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

14. INFORMANT Thomas F. Ferry
 (Address) 4324 Beethoven

15. FILED 1929 May 13 1929
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1929

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1929, to March 13, 1929, that I last saw him alive on March 13, 1929, and that death occurred, on the date stated above, at 1-20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia
117-5
107/1/1011 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Perforated duodenal ulcer

(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF March 12-1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? physical clinical, laboratory
 (Signed) W. Walters, M. D.

3/23, 1929 (Address) 3608 S 2d Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park Lawn DATE OF BURIAL 3-15 1929

20. UNDERTAKER Southern ADDRESS 7315 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Account of —